

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32594**

FILED SEP 25 1943 317

Registration District No. **317**

Primary Registration District No. **6076**

Registrar's No. **2102**

1. PLACE OF DEATH:

(a) County **St. Louis**
(b) City or town **Lemay**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
829 Regina, Lemay, Missouri.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **1**
(Specify whether
In this community
years, months or days)

3. (a) PRINT FULL NAME **Elizabeth Neunlist**

3. (b) If veteran, name war **-----** 3. (c) Social Security No. **-----**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married. **Single**
6. (b) Name of husband or wife **-----** 6. (c) Age of husband or wife if alive **12** years
7. Birth date of deceased **January 12 1868**
(Month) (Day) (Year)
8. AGE: Years **75** Months **8** Days **5** If less than one day **hr. min.**

9. Birthplace **Plum Hill Illinois**
(City, town, or county) (State or foreign country)

10. Usual occupation **At home**

11. Industry or business **-----**

12. Name **John A. Neunlist**
13. Birthplace **Switzerland**
(City, town, or county) (State or foreign country)
14. Maiden name **Mary Wheeler**
15. Birthplace **Illinois**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Marie Eller--niece**
(b) Address **829 Regina, Lemay, Mo.**

17. (a) **Burial** (b) Date thereof **9-20-43**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Plum Hill, Illinois**

18. (a) Signature of funeral director **C. Hoffmeister U. & L. Co.**
(b) Address **7814 So. Broadway, St. Louis, Mo.**

19. (a) **SEP 20 1943** (b) **E. G. McSavan, M.D.**
(Date) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis**
(c) City or town **Lemay**
(If outside city or town limits, write "RURAL")
(d) Street No. **829 Regina**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country **-----**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept.** day **17th**
year **1943** hour **10** minute **35 A.M.**

21. I hereby certify that I attended the deceased from **May 1** to **Sept 17**, 19**43**
that I last saw him alive on **9-17**, 19**43**
and that death occurred on the date and hour stated above.

Immediate cause of death: **Coronary thrombosis** Duration **1 day**
arteriosclerosis
chronic myocarditis { **See page**

Due to **-----**
Due to **-----**
Other conditions (Include pregnancy within 3 months of death) **93d**

Major findings: **-----**
Of operations **-----**
Of autopsy **-----**
PHYSICIAN **-----**
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **-----**
(b) Date of occurrence **-----**
(c) Where did injury occur? **-----**
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? **-----**

While at work? **-----** (Specify type of place)
Means of injury **-----**
23. **Louis D. Crehan** (M. D. or other)
748 Lemay, near St. Louis Date signed **9/18/43**
MS

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

Paul A. Shanahan, Registered Apprentice No. _____
working under my personal supervision.

Signed

Paul A. Shanahan
Licensed Embalmer No. 3472

P. O. Address 7814 So. Adwry

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.